

Montgomery County, Maryland

GENERAL VOLUNTEER REGISTRATION FORM FOR RACES

The completion of this form is required by all volunteers. The Montgomery County Self-Insurance Program provides medical benefits for volunteers injured while performing duties on behalf of the County as directed by the supervisor, equal to medical benefits as required to be provided under the Workers' Compensation Law of the State of Maryland. The Montgomery County Self-Insurance Program also provides General Liability Coverage to volunteers. Details of coverage may be discussed with the Division of Risk Management. Please complete this form as accurately as possible. Be assured that this information is confidential and for use only by the Division of Risk Management.

Please Type or Print Clearly

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

DOB: _____ Driver's License #: _____ Expiration Date: _____

I hereby state that the above information is correct as of this date.

Volunteer's Signature _____ Date: _____

Note: Supervisor information must be completed before this form is send to the Division of Risk Management

Supervisor's Name: _____ Work Phone: _____

Department: _____ Division: _____

Supervisor's Signature _____ Date: _____

Return this form with a copy of your F.C.C. License to:
The Office of Emergency Management,
Post Office Box 4117,
Gaithersburg, MD 20885-4117